

Transfer Station
Kansas Department of Health and Environment
Solid Waste Tonnage Report & Fee Calculation

Reporting Period: _____

Report Due: _____

Permit # _____

Facility Name: _____

If no solid waste was transferred during the reporting period, check here and sign below. ☐

Tons of Waste Sent to Landfills in Kansas

Source of Waste	C&D	Industrial	Tires	Special	MSW
KANSAS					
OTHER _____					
Name & City of Disposal Facility					

If any waste was transferred through this transfer station to an out-of-state destination, please fill out the tables on the back of this form.

Mail form to: KDHE/BWM
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete.

Name/Title _____ Phone _____

Signature _____ Date _____

Tons of **Waste Exported Out of State** which are **EXEMPT** from the **Transfer Station Tonnage Fee**.

Source of Waste	C/D	Industrial	Tires
KANSAS			
OTHER_____			
Name & City of Disposal Facility			

Tons of **Waste Exported Out Of State** which are **SUBJECT** to the **Transfer Station Tonnage Fee**.

Source of Waste	C/D	Industrial	Special	MSW	Totals
KANSAS					
OTHER_____					
Name & City of Disposal Facility					
Fee (\$1.00/ton):					

Make check payable to: SW Mgmt Fund - KDHE

Mail form & check to: KDHE/BWM
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete.

Name/Title _____

Phone _____

Signature _____

Date _____

Credit Card Payment

A 2.5% convenience fee will be assessed on this transaction to cover costs associated with the acceptance of this credit card.

Tonnage Fee _____ x 1.025 = _____ amount billed to credit card. *

Discover Account Number: _____

Expiration Date: ____ / ____

Name as it appears on the card: _____

Mailing address: _____

City / State / Zip Code: _____

Signature*: _____

**By my signature, I acknowledge my understanding that a 2.5% convenience fee is being included in the final total of this transaction.*

Daytime Phone: _____ Evening Phone: _____